

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y       </table>	

Full Name of Payee <b>Stones' Phones</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 41750 Rancho Las Palmas Dr Ste E3			Amount <table border="1" style="display:inline-table; margin:0 5px;">15000.00</table>		
City Rancho Mirage	State CA	Zip Code 92270-5512	Transaction ID : VN7GDA7A1S1		
Purpose of Expenditure Telephone Calls - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Sidie, Jay, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">19505.99</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">05</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 3050 K St NW Ste 100			Amount <table border="1" style="display:inline-table; margin:0 5px;">24795.00</table>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA7A1T9		
Purpose of Expenditure Television Advertising		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Paulsen, Erik, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">549327.44</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">39795.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alexandria, , ,

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>24795.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA7A1V6
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>14790.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA7A1X2
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Zeldin, Lee, M., ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>39585.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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MM / DD / YYYY  
**11 / 04 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>14790.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA7A1Y0 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Television Advertising		Category/ Type	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>24795.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA7A1Z8 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Television Advertising		Category/ Type	
Name of Federal Candidate Fitzpatrick, Brian, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>39585.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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(Schedule E)PAGE 4 OF 4  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount 24795.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA7A206
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24795.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	143760.00

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